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Atty Docket No. 022199-C 00420US

PTO FAX NO.: (703) 305-9588 872-9300

ATTENTION: Examiner Rachel L. PORTER

Group Art Unit 3626

OFFICIAL COMMUNICATION
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EXAMINER Rachel L. PORTER

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Assaf MORAG, Application No. 10/017,165, filed December 14, 2001 for MESSAGE AND PROGRAM SYSTEM SUPPORTING COMMUNICATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page)
2. Power of Attorney PTO/SB/80 (1 page)
3. Statement Under 37 CFR 3.73(b) (1 page)

Number of pages being transmitted, including this page: 4

Dated: December 17, 2004


Katherine Farkas

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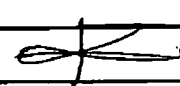
60378510 v1

F O/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/017,165	
	Filing Date	December 14, 2001	
	First Named Inventor	Assaf MORAG	
	Art Unit	3626	
	Examiner Name	Rachel L. PORTER	
Total Number of Pages in This Submission	4	Attorney Docket Number	022199-000420US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.71(b)
Remarks: The Commissioner is authorized to charge any additional fee to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
Date	December 17, 2004	Reg. No.	40,456

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 305-8588 on December 17, 2004.			
Signature			
Typed or printed name	Katherine Farkas	Date	December 17, 2004

60378500 v1

PTO/SB/96 (11-04)

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax


Assignee Name and Address:

RelayHealth Corporation
1900 Powell Street
Suite 600
Emeryville, California 94608

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	12/17/04
Name	Jeff Bairstow	Telephone	(510) 28-7835
Title	Chief Operating Officer, RelayHealth		

60377881 v1

PTO/SB/1 (08-03)

Attorney Docket No. 022199-000 20US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: RelayHealth CorporationApplication No./Patent No.: 10/017,165Filed/Issue Date: 12/14/2001Entitled: Message And Program System Supporting CommunicationRelayHealth, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Assaf MORAG et al. To: Healinx

The document was recorded in the United States Patent and Trademark Office at Reel 010243, Frame 0385, or for which a copy thereof is attached.

2. From: Healinx To: RelayHealth Corporation

The document was recorded in the United States Patent and Trademark Office at Reel 013302, Frame 0805, or for which a copy thereof is attached.

3. From: _____ To: _____

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

12/17/04
Date

(415) 576-0200
Telephone number

Patrick R. Jewik

Reg. No.: 40,456

Typed or printed name

Signature

Title

60378228 v1